

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

110-791

FILING DATE

10/21/87

APPLICANT(S)

C. Richter King et al

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		—			
2		1		—		
3		1		—		
4	1		1			
5		1		1		
6		1		—		
7		①		①		
8		①		—		
9	1		1			
10		1		1		
11		1		—		
12			1			
13				1		
14				①		
15			1			
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50						
TOTAL IND.	3	↓	4	↓	—	↓
TOTAL DEP.	8	↓	5	↓	—	↓
TOTAL CLAIMS	11		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						